

## PART B - FEE(S) TRANSMITTAL

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21559      7590      01/29/2004

**CLARK & ELBING LLP  
101 FEDERAL STREET  
BOSTON, MA 02110**



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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Colleen Coyne	(Depositor's name)
<i>Colleen Coyne</i>	
(Signature)	
February 10, 2004	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/088,628	06/12/2002	Jerrold Rosenbaum	00786/376002	7156

TITLE OF INVENTION: PRAMIPEXOLE AS A TREATMENT FOR COCAINE CRAVING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	04/29/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	
JONES, DWAYNE C		1614		514-367000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Clark & Elbing LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The General Hospital Corporation Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

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Advance Order - # of Copies 10

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(Date)

*10 February 2004*

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1	02/17/2004 AAD0F02 00000048 10088628
01 FC:2501	665.00 OP
02 FC:8001	30.00 OP

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